



APPLICATION

Development Permit

Town of Wake Forest Planning Department
221 Brooks Street
Wake Forest, NC 27587
(919) 554-6140 Fax: 554-6607

For Planning Department Use Only:

Print Legibly or Type Entries

Zoning: _____ Special Use/Conditional Use No.# _____ Flood Hazard: _____

Minimum Setbacks: Front _____ Side _____ Rear _____ Lot Size: _____

Applicant: _____ Phone No. _____

Address: _____

E-mail Address: _____

Owner: _____ Phone No. _____

Address: _____

E-mail Address: _____

Location/Street Address: _____

Subdivision, Lot, Phase: _____ Tax PIN# _____

Electric Service Provider: _____

Permit to do: _____

Dimensions of building: Width: _____ Length: _____ Height: _____ Bldg Area: _____

Residential Only: Estimated Cost of Construction \$ _____

Number/Type of Dwelling Units _____

Non-Residential Only cost breakdown of construction:

Building _____ Electrical _____ Plumbing _____

Mechanical _____ Sprinkler _____ Roofing _____

Contractor	Name	License #	Phone #	Contact Person
General	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Roofing	_____	_____	_____	_____
Insulation	_____	_____	_____	_____
Other	_____	_____	_____	_____

Landowner/Agent Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



Development Permit Fees
For Planning Department Use Only

Permit Fee:	_____	_____
Fire Prevention Plan Review Fee:	_____	_____
Homeowners Recovery Fund Fee:	_____	_____
Water Availability Fee:	_____	_____
Sewer Availability Fee:	_____	_____
Water Meter Fee:	_____	_____
Temporary Power Pole Fee:	_____	_____
Underground Electric:	_____	_____
Development Permit Fee:	_____	_____
Recreation Facility Fee:	_____	_____
Other:	_____	_____

TOTAL: \$ _____

Conditions/Remarks: _____

Approved-Zoning Enforcement Officer: _____	Date: _____
Approved Fire Inspector (as needed): _____	Date: _____
Approved Code Enforcement Officer: _____	Date: _____